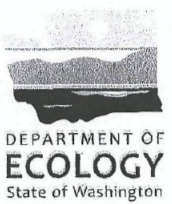


Rec'd 5-8-09



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☐ GROUND WATER
☐ Permanent ☐ Temporary ☐ Short Term

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: <u>Robert Workman</u>	Phone No: <u>360 414 0353</u>	Other No: <u>360 425 5912</u>
Address: <u>1413 Germany Cr. Rd</u>		
City: <u>Longview</u>	State: <u>WA</u>	Zip: <u>98632</u>
Email Address (optional): <u>workmn@hotmail.com</u>		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Home water system

Anticipated length of time to complete your project: Been in use from 1982

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
<u>Home Water System</u>			
TOTAL:	<u>200 Gals / Day</u>		

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO
Is this request for a temporary permit? ☐ YES ☒ NO
If yes to either question above, indicate the dates that the water will be needed:
FROM: ___/___/___ TO: ___/___/___

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

For Ecology Use	APPLICATION NO: <u>S2-30520</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>✓</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned: <u>5/8/09</u>	By: <u>sc</u>	Priority Date: <u>5/8/09</u> By: _____ WRIA: <u>25</u>

A.) If Surface Water Source				B.) If Ground Water Source		
<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____		
Source Name: <u>no name</u>				Well diameter & depth: _____		
Tributary to: <u>None</u>				Number of proposed points of withdrawal: _____		
Number of proposed diversion points: <u>1</u>				Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.		
				Well Tag ID No. _____		
C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
<u>WP3608010</u>			<u>36</u>	<u>9N</u>	<u>4W</u>	<u>Cowlitz</u>
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>1264.85</u> Feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and <u>435</u> feet (<input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input checked="" type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section _____.						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>1264.85</u> Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and <u>435</u> feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input checked="" type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section _____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE						
Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.						
¼	¼	Section	Twp.	Range	County	Parcel No.
		<u>36</u>	<u>9N</u>	<u>4W</u>	<u>Cowlitz</u>	<u>WP3608010</u>

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO
If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Brick collection tank at spring. 1 1/2" water line 460 feet to home. set met filter. Through pressure pump to second set met filter then through a carbon filter and then through a reverse Osmosis system

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only

Projected number of connections to be served:

one

Type of connections:

Home
(e.g., home, recreational cabin)

B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:

(20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved

Water System Number:

water was tested for drinking and test. 3/18/89
K0901814-012

Name of water system:

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system:

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock:

None

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses:

None

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

N/A

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

N/A

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

N/A

Other Use

None

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: 12 miles west of Longview
at Stella turn right on Germany Cr Rd / 2 1/4 miles
left side of Germany Cr Rd. 1413

Site Address: 1413 Germany Cr Rd Longview, WA 98632

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Robert Workman
Print Name
(Applicant or authorized representative)

Robert Workman
Signature

5/03/09
Date

Robert Workman
Print Name
(Landowner of Place of Use)

Robert Workman
Signature

5/03/09
Date

Print Name
(Landowner of Place of Use)

Signature

Date

Print Name
(Landowner of Place of Use)

Signature

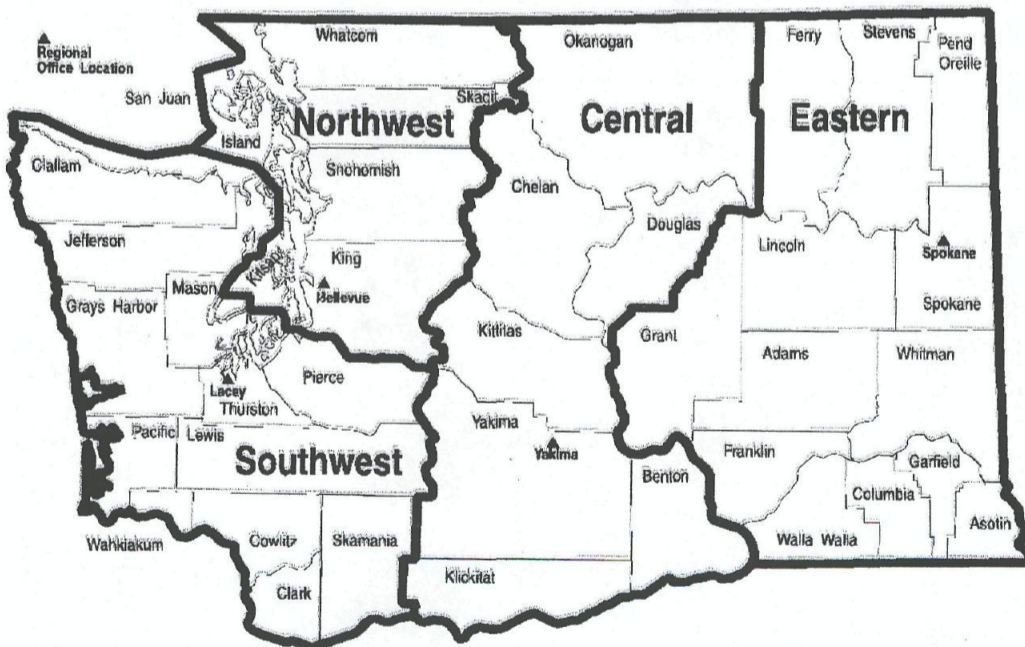
Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.

☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400